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7590

12/22/2004

GREGORY D. CALDWELL
 C/O BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
 12400 WILSHIRE BOULEVARD
 SEVENTH FLOOR
 LOS ANGELES, CA 90025

03/25/2005 RMEBRAH1 00000035 09845896

01 FC:1501 1400.00 DP
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T. J. DELGADO	(Depositor's name)
	(Signature)
3/22/05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/845,896	04/30/2001	Steven Towle	884,409US1	P10665 4065

TITLE OF INVENTION: HIGH PERFORMANCE, LOW COST MICROELECTRONIC CIRCUIT PACKAGE WITH INTERPOSER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PAREKH, NITIN	2811	257-734000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **BLAKELY, SOKOLOFF,**
TAYLOR & ZAFMAN LLP

2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

INTEL CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SANTA CLARA, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **02-2666** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

EDWIN H. TAYLOR

Date **3/16/2005**

Typed or printed name

Registration No. **25,129**

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